

Roflumilast, Oral

Goals:

- Decrease the number of COPD exacerbations in patients with severe COPD associated with chronic bronchitis and with a history of exacerbations.

Length of Authorization:

- Up to 12 months

Requires PA:

- Oral roflumilast (Daliresp®) tablets.
- topical roflumilast (Zoryve®) is subject to separate clinical PA criteria.

Covered Alternatives:

- Preferred alternatives listed at <http://www.orpd.org/drugs/>

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Is this a request for continuation of therapy previously approved by the FFS program?	Yes: Go to Renewal Criteria	No: Go to #3
3. Does the patient have documented severe or very severe COPD (e.g., FEV ₁ of ≤ 50% predicted)?	Yes: Go to #4	No: Pass to RPh. Deny for medical appropriateness
4. Does the patient have a diagnosis of chronic bronchitis (ICD10 J410-J42; J440-J449)?	Yes: Go to #5	No: Pass to RPh. Deny for medical appropriateness
5. Does the patient have documented prior COPD exacerbations?	Yes: Go to #6	No: Pass to RPh. Deny for medical appropriateness
6. Does the patient have an active prescription for a long-acting bronchodilator (long-acting anticholinergic agent or long-acting beta-agonist) and inhaled corticosteroid (ICS)?	Yes: Go to #7	No: Pass to RPh. Deny; recommend trial of preferred long-acting bronchodilator and ICS
7. Is the prescriber a specialist in respiratory medicine or is the request in consultation with a specialist?	Yes: Approve for up to 12 months	No: Pass to RPh. Deny for medical appropriateness

Renewal Criteria		
1. Does the provider attest that the patient's condition improved with roflumilast treatment?	Yes: Approve for 12 months.	No: Pass to RPh. Deny for medical appropriateness

Implementation:

1/1/25; 11/1/20; 10/15; 1/14; 5/12